

**EXHIBIT "A"**

Court of Common Pleas of Philadelphia County  
Trial Division  
**Civil Cover Sheet**

For Prothonotary Use Only (Docket Number)		
<b>OCTOBER 2017</b>		<b>002489</b>
E-Filing Number: 1710040909		
PLAINTIFF'S NAME MICHELE M.. BERNARDO		DEFENDANT'S NAME MAXIM HEALTHCARE SERVICES, INC.
PLAINTIFF'S ADDRESS 76 BUCKWALTER ROAD SPRING CITY PA 19475		DEFENDANT'S ADDRESS 7227 LEE DEFOREST DRIVE COLUMBIA PA 21046
PLAINTIFF'S NAME JOSEPH BERNARDO		DEFENDANT'S NAME MAXIM HEALTH SYSTEMS, DIV. OF MAXIM HEALTHCARE SERVICES, INC
PLAINTIFF'S ADDRESS 76 BUCKWALTER ROAD SPRING CITY PA 19475		DEFENDANT'S ADDRESS 7227 LEE DEFOREST DRIVE COLUMBIA PA 21046
PLAINTIFF'S NAME		DEFENDANT'S NAME
PLAINTIFF'S ADDRESS		DEFENDANT'S ADDRESS
TOTAL NUMBER OF PLAINTIFFS 2	TOTAL NUMBER OF DEFENDANTS 2	COMMENCEMENT OF ACTION <input type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input checked="" type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions
AMOUNT IN CONTROVERSY <input type="checkbox"/> \$50,000.00 or less <input checked="" type="checkbox"/> More than \$50,000.00	COURT PROGRAMS <input type="checkbox"/> Arbitration <input type="checkbox"/> Mass Tort <input type="checkbox"/> Commerce <input type="checkbox"/> Settlement <input checked="" type="checkbox"/> Jury <input type="checkbox"/> Savings Action <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Minors <input type="checkbox"/> Non-Jury <input type="checkbox"/> Petition <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> W/D/Survival <input type="checkbox"/> Other: _____	
CASE TYPE AND CODE 20 - PERSONAL INJURY - OTHER		
STATUTORY BASIS FOR CAUSE OF ACTION		
RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER)  <b>FILED PRO PROTHY OCT 19 2017 M. BRYANT</b>		IS CASE SUBJECT TO COORDINATION ORDER? YES      NO
TO THE PROTHONOTARY: Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: <u>MICHELE M. BERNARDO , JOSEPH BERNARDO</u> Papers may be served at the address set forth below.		
NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY CURTIS P. CHEYNEY III		ADDRESS WETZEL GAGLIARDI & FETTER LLC 101 EAST EVANS STREET WALNUT BUILDING, SUITE A WEST CHESTER PA 19380-2600
PHONE NUMBER (484) 887-0779	FAX NUMBER (484) 887-8763	
SUPREME COURT IDENTIFICATION NO. 3827		E-MAIL ADDRESS ccheyney3@wgflaw.com
SIGNATURE OF FILING ATTORNEY OR PARTY CURTIS CHEYNEY III		DATE SUBMITTED Thursday, October 19, 2017, 09:49 am

PRAECIPE FOR WRIT OF SUMMONS

**Commonwealth of Pennsylvania**  
COUNTY OF PHILADELPHIA

Filed and Attested by the  
Office of Judicial Records  
19 OCT 2017 09:49 am

COURT OF COMMON PLEAS  
Trial Division

MICHELE M. BERNARDO and

JOSEPH BERNARDO, h/w

76 Buckwalter Road

Spring City, PA 19475

Plaintiff(s) Name(s) & Address(es)

\_\_\_\_\_ TERM, 20\_\_\_\_

NO. \_\_\_\_\_

VS

MAXIM HEALTHCARE SERVICES, INC.

7227 Lee Deforest Drive

Columbia, MD 21046

Defendant(s) Name(s) & Address(es)

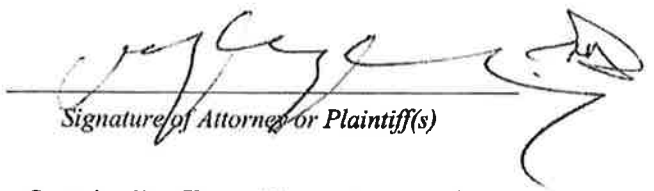
MAXIM HEALTH SYSTEMS, DIVISION  
OF MAXIM HEALTHCARE SERVICES, INC.  
7227 Lee Deforest Drive  
Columbia, MD 21046

**PRAECIPE FOR WRIT OF SUMMONS**

TO THE OFFICE OF JUDICIAL RECORDS:

Kindly issue a Writ of Summons in the above captioned civil action.

Date: 10/18/17

  
Signature of Attorney or Plaintiff(s)

Curtis P. Cheyney, III, Esquire

Print Name

Attorney Id. No. 03827  
101 E Evans Street

Address

Walnut Building, Suite A  
West Chester, PA 19380

484-887-0779, ext. 105

Phone Number

**Commonwealth of Pennsylvania**  
COUNTY OF PHILADELPHIA

MICHELE M. BERNARDO and  
JOSEPH BERNARDO, h/w

*Plaintiff*

vs.  
MAXIM HEALTHCARE SERVICES, INC., and  
MAXIM HEALTH SYSTEMS, DIVISION OF  
MAXIM HEALTHCARE SERVICES, INC.

*Defendant*

Filed and Attested by the  
Office of Judicial Records  
19 OCT 2017 09:49 am  
M. BRYANT

Term, 20

No.

To<sup>1</sup>

Maxim Healthcare Services, Inc.  
7227 Lee Deforest Drive  
Columbia, MD 21046

Maxim Health Systems, Division  
of Maxim Healthcare Services, Inc.  
722 Lee Deforest Drive  
Columbia, MD 21046

## Writ of Summons

You are notified that the Plaintiff<sup>2</sup>

*Usted esta avisado que el demandante*

Michele M. Bernardo and Joseph Bernardo, h/w

Has (have) commenced an action against you.

*Ha (han) iniciado una accion en contra suya.*



ERIC FEDER  
Director, Office of Judicial Records

By: \_\_\_\_\_

Date: \_\_\_\_\_



<sup>1</sup> Name(s) of Defendant(s)

<sup>2</sup> Name(s) of Plaintiff(s)

**Court of Common Pleas**

\_\_\_\_ Term, 20 \_\_\_\_

No. \_\_\_\_

MICHELE M. BERNARDO and  
JOSEPH BERNARDO, h/w

*Plaintiff*

vs.

MAXIM HEALTHCARE SERVICES, INC.,  
*Defendant et al.*

**SUMMONS**